Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

□ LETTER TO THE EDITOR

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Editor's Note: JEM does not typically retract articles that result in controversy of difference of opinion among authors and readers of the *Journal*. We support and encourage publication of legitimate, constructive scientific discourse. Case reports can only demonstrate possible associations and should be interpreted as such, however, it is important to report even potential associations in order to add to existing literature.

We read with great interest, "Bilateral Retinal Detachments in a Healthy 22-Year-Old Woman after Moderna SARS-CoV-2 Vaccination" by Subramony et al. (1). We acknowledge the benefit of point-of-care ultrasound devices in facilitating the diagnosis of intraocular pathology in the emergency department setting to allow prompt referral to ophthalmologists. Unfortunately, we were dismayed with the implication that the Moderna COVID-19 vaccination could have been responsible for a patient developing bilateral rhegmatogenous retinal detachments (RRDs).

As a large community of retinal specialists, we strongly believe that the proposed association between the vaccine and RRD has no biological plausibility. The patient was described as having high myopia, which is one of the primary risk factors for RRD. The ultra-widefield fundus images of this patient revealed several scattered atrophic peripheral retinal holes in each eye, some associated with lattice degeneration, and such atrophic holes are usually the cause of RRD in the young-adult population. These holes are likely developmental, usually preceding the RRD by years, and are seen more commonly in myopic patients. The fundus images of both eyes revealed signs of chronic RRD, specifically subretinal bands in each eye and demarcation lines in the left eye. These changes strongly suggest that these RRDs predated the first COVID-19 vaccination. Hence, the myopia and atrophic retinal holes are confounding variables that are the more likely causes of these bilateral retinal detachments, and the COVID-19 vaccination was merely coincidental with the RRDs. As retina specialists, we see patients presenting with bilateral RRDs in otherwise young, healthy myopes several times per year, both symptomatic and asymptomatic. It is not atypical to see patients such as the one described in the article, with unrelated health and eye examinations often bringing these findings to light.

At its core, RRD results from structural pathology of the retina and vitreoretinal interface, and to imply that vaccination had any causative role in the RRDs in this case report is counter to the basic pathophysiology of RRD. Especially considering the potentially deleterious consequences of patients foregoing COVID-19 vaccination and the misinformation in the popular press regarding purported adverse effects of vaccines, we strongly caution against publishing a case report that suggests a likely spurious association between RRD and COVID-19 vaccination. Because such an article is potentially dangerous from the public health perspective, we ask your eminent editors to consider retracting this article.

Nadeem N. Vaidya, M.D., Albert Lin, M.D., Alexander Barash, M.D., Vlad Matei, M.D., C. Kiersten Pollard, M.D., and Sidney A. Schechet, M.D. on behalf of the American Retina Forum

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Reference

1. Subramony R, Lin LC, Knight DK, Aminlari A, Belovarski I. Bilateral retinal detachments in a healthy 22-year-old woman after Moderna SARS-CoV-2 vaccination [published online ahead of print July 19, 2021]. J Emerg Med doi:10.1016/j.jemermed.2021.07.034.